

112603

18351 U.S. PTO

PATENT
Docket No.: P-11733.00US17302 U.S. PTO
10/723903

112603

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Martin T. Gerber
 Title: Method, System and Device for Treating Various Disorders of the Pelvic Floor by
 Electrical Stimulation of the Pudendal Nerves And the Sacral Nerves At Different
 Sites

Certificate Under 37 CFR § 1.10: I hereby certify that this document and the documents referred to as enclosed herewith are being deposited with the United States Postal Service, in an "EXPRESS MAIL POST OFFICE TO ADDRESSEE" envelope, as Express Mail Label No. EV331790837US, addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 26, 2003


 Jodi Nickel

UTILITY PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Enclosed for filing in the above-identified application are the following:

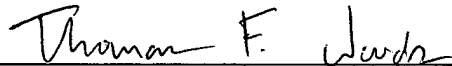
- ☒ Application Transmittal Letter (in duplicate)
☒ Application Data Sheet (37 CFR 1.76) (2 pg.)
☒ Patent Application (Specification: 32 pg., Claims: 12 pg. and Abstract: 1 pg.)
☒ Drawings (11 pg., containing Figs. 1-8F): ☐ Formal ☒ Informal
☐ Combined Declaration and Power of Attorney
☐ Assignment of the Invention to: _____
 ☐ Assignment Cover Sheet
 ☐ Assignment Recordal Fee
 ☐ Statement Under 37 CFR 3.73(b)
☐ Information Disclosure Statement
 ☐ PTO-1449
 ☐ Copies of IDS citations
☐ Nonpublication Request Under 35 USC 122(b)(2)(B)(i).
☒ Return Receipt Postcard

FEE CALCULATION	No. Claims Filed	No. Claims Included in Base Fee	No. Extra Claims	Rate	Fee
Total Claims	55	- 20 =	35	x \$18.00	\$ 630.00
Independent Claims	2	- 3 =		x \$86.00	\$
Multiple Dependent Claims				+ \$290.00	\$
Basic Filing Fee					\$ 770.00
TOTAL					\$1400.00

- ☐ This application claims the benefit of Provisional Application No. _____, filed _____.
- ☒ Address all future correspondence to: Thomas F. Woodps
Registration No. 36,726
MEDTRONIC, INC.
710 Medtronic Parkway NE, MS: LC340
Minneapolis, MN 55432-5604
Telephone: 763-505-0003
Facsimile: 763-505-0411
Customer No.: 27581
- ☒ The Commissioner is hereby authorized to charge Deposit Account No. 13-2546 in the amount of **\$1400.00** for the application filing fee and \$_____ for the assignment recordal fee for a **total of \$_____**. A duplicate of this Transmittal Letter is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies which may be required under 37 CFR 1.16 and 1.17, or to credit any overpayments to Deposit Account No. 13-2546. A duplicate of this Transmittal Letter is enclosed.

Respectfully submitted,

Date: November 26, 2003



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